2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State
02-19-2004 90017 050 ***150.00

DOCUMENT # 557334

1. Entity Name
MIDDLE LAKE GROVES, INC.

Principal Place of Business	Mailing Address
17821 JAMES RD 6248 DADE CITY, FL 33523-~~6428 US~~	17821 JAMES RD DADE CITY, FL 33523-6248 US

01232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1793044
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES GEORGE C
17821 JAMES RD
DADE CITY, FL 33523

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JAMES, GEORGE C.
STREET ADDRESS	17821 JAMES RD
CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	VD
NAME	HENDERSON, ANN M.
STREET ADDRESS	2005 N.W. 26TH. ST.
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	TD
NAME	HENDERSON, CHARLES A.
STREET ADDRESS	2005 N.W. 26TH. ST.
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	SD
NAME	JAMES, VIRGINIA D.
STREET ADDRESS	17821 JAMES RD
CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X George C. James GEORGE C. JAMES 2-14-04 352-588-2266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #